

Name: Michelle Martin RN, CDE, MSN

Institution: Zimberg Clinic The Cambridge Hospital

Why implementing Competitive Bidding for diabetes supplies is inadvisable, and why it is advisable to protect small companies like Neighborhood Diabetes

To submit feedback via mail:

Write comment below, detach, and mail to
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Attention: CMS-1270-P

PO Box 8013

Baltimore, MD 21244-8013

284

I have used the excellent services of the Neighborhood Diabetes Shoppe since it opened up for business. I have worked both as a nurse practitioner (for 12 years) and an RN (for 12 years) in the field of Diabetes care. Diabetes is a very complicated medical disease with grave consequences when people do not have good control of their disease. It is so very important to have the services of the Neighborhood Diabetes Shoppe because they are focused on diabetes and understand diabetes well which is very beneficial to our patients with diabetes. Competitive Bidding would be a way to decrease

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services to people with diabetes as a place like
the Neighborhood Diabetes Shoppe would not be able to
continue to provide the high quality products and
in-home meter training that they provide.
Competitive Bidding probably means to the lowest bidder
which does not mean quality care for ~~pts~~ patients
on Medicare.

Michelle Martin, RN, COE
Zimberg Clinic



Cambridge Health Alliance
A COMMUNITY OF CARING

1493 Cambridge Street • Cambridge, MA 02139

Sincerely,

Michelle Martin

Name: Heather Perkins

Institution: HCS

(285)

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PO Box 8013
Baltimore, MD 21244-8013

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

Quality of services will be impacted by over-aggressive
competition will affect quality of excellent
service that current providers give

Home Healthcare, Hospice
& Community Services
PO Box 564, Keene, NH 03431

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Name: Irene Crawford RN Amy
Institution: SIC - Cambridge Health Alliance



Cambridge Health Alliance
A COMMUNITY OF CARING

Somerville Primary Care
26 Central St. • Somerville, MA 02143

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

This is a great patient centered program
that is cost effective + truly understands
care to our patients needs. They are
efficient, prompt, caring - + I get the
job done well!

Please support the continued existence of
this very meaningful work by Neighborhood
Diabetes. Patients need a group to lean on + support
their self care goals.

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[Signature]

Name:

RAT KIMPHIL USMBC

Institution:

Boston Medical Center

Why implementing Co
and why it is advisable

Geriatrics Section
88 East Newton Street
Robinson 2
Boston, MA 02118-2393

supplies is inadvisable,
the Neighborhood Diabetes

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287

I am a Geriatric Nurse Specialist
and work in a Large Geriatric
Section - We use Neighborhood
Diabetes supply because of their ability
to educate our patients on caregivers
in use of equipment and advice
us in specialized equipment to
accommodate our patients' various sensory
losses - This Service ASSIST US in keeping our
Patients Home

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Name: Catherine Bulman RN

Institution: Geiger Gibson Health Center

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

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PO Box 8013

Baltimore, MD 21244-8013

(288)

I believe we need to keep relationships with our
community providers. We are a community health center
and to reach the community these
companies - that can go into the
community - do in home teaching with
glucometers are important to any community.
We as a country can not afford to let our
health care go to the highest bidder

**Geiger Gibson
Community Health Center
250 Mt. Vernon St.
Dorchester, MA 02125
617-288-1140**

C Bulman

Written comments must be received by June 30th, not just postmarked!

Name: Terri Walsh - Shore Counselor

Institution: SHINE PROGRAM

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes

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It's important to me to have a reliable resource to
help my clients. The Neighborhood Diabetes Team receives high
marks for the great job they do. I've referred to many clients
over the years, not one complaint! My clients are always completely
satisfied with their services. Please reconsider instituting competitive
bidding for durable medical products. I don't think competitive bidding is a good
idea for diabetes supplies.

Terri Walsh
SHINE PROGRAM
558 Plymouth Street
Middleboro, MA 02346

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Name: ANGELA VILLAMAN - CURRAN

Institution: GREATER LAWRENCE FAMILY HEALTH CTR

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
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290

Our PATIENTS ARE happy with the services
OF NDS because they get their supplies AND
Medications ALWAYS ON TIME. When is a
PROBLEM they call PHYSICIAN AND PT. to
keep them informed

Greater Lawrence Family Health Center
2nd Floor Nursing Department
34 Haverhill Street
Lawrence, MA 01841-2884

Written comments must be received by June 30th, not just postmarked!

Name: Melanie David RN Pt Care Coordinator

Institution: Baystate Endocrinology & Diabetes
Springfield, MA 01199

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

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Diabetic pt's have individual needs & abilities to learn. Diabetic supplies need to address individual needs, neuropathy, retinal damage, cognitive abilities, etc. Also they don't like being "clumped in same category". Each patient is an individual. Do not regionalize them. RN & CDE's spend a lot of time teaching for this very reason. Melanie David RN

Name: _____

Institution: _____

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

Ann W. Bodkhe, MSN, NPC

Jefferson H. Dickey, M.D.

51 Sanderson St. Suite 10

Greenfield, MA 01301

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292

Neighborhood Diabetes provides a valuable
service to our patients in helping them keep their
diabetes under control. After receiving the initial
home visit to evaluate which meter is best for the
patient & to do initial training, I have seen better
compliance & better understanding of DM mgt.
Ann Bodkhe MSN, NPC

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Name: Susan Allison

Institution: VNA of Greater Lowell

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
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- Quick response to ordering
- Physician paper work done by company
- Small company develops rapport with each client
- Avoid Monopoly



VNA of Greater Lowell
Care You Can Trust

VNA of Greater Lowell
336 Central Street
Lowell, MA 01852-2609

Written comments must be received by June 30th, not just postmarked!

Name: Annette Bernard, R/C

Institution: Boston Visiting Nurse Association

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

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Competitive Bidding for supplies does not guarantee quality or
responsibility for accessibility. The Neighborhood Diabetes
Shop is responsible & reliable in sending supplies to pts. & returning
phone calls. They have done many in-services at the Boston
VNA to make us acquainted with new products & how to use them.
When they make mistakes they quickly rectify them.
Their customer service is excellent.

MS ANNETTE D BERNARD
9 TEMI RD
FRAMINGHAM MA 01701-3344

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Institution: _____

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Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

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It is important that consumers with vision problems
have access to vendors familiar with adaptive equipment.
As a diabetes educator working with people who are
visually impaired I often find them not able to get
recommended equipment as the HMO pharmaceutical vendors
don't have a clue.

Thank you Margaret Clay

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Name: _____ MANCHESTER



Institution: MCHC COMMUNITY HEALTH CENTER

1415 ELM STREET, MANCHESTER, NH 03101

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes

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296

I work in a Community Health Ctr. I feel
this would be disastrous. Many of our
patients are of various ethnicities. Language
barriers, adapting to new medical TX, literacy,
visual problems etc. The less complicated
meter we can use we give the patient that
meter. We get discount coupons from drug companies
& discount test strips. I feel how adherence to
SMBG would occur. Let's stop cloning everything &
everybody. →

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Name: Jean Christopher RN

Institution: Boston VNA

Why implementing Competitive Bidding for diabetes
and why it is advisable to protect small companies!

Visiting Nurse Association of Boston

Metronorth Office
500 Rutherford Avenue
Charlestown, MA 02129

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Baltimore, MD 21244-8013

297

I have used Neighborhood Diabetes Shop for years.
They provide a service to my patients free of charge.
it - they will give a free service in their home
to teach them how to use machines. And someone who
speaks their language also. Call them when supplies are running
low so patients do not do without. By doing this for free
this cuts down on expensive nursing units saving the
government money. I feel they are a very important spoke in
the wheel to cut costs & prevent costly hospitalization.
The service they provide is not provided by any else!

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Name: Antonina Makosky, APRN, BC

Institution: Cambridge Healthcare for the Homeless
and Martha Eliot Health Center in Boston, MA

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
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298

I work with homeless patients and ^{poor} Latino patients in
Boston and Cambridge, Mass. Neighborhood Diabetes
Shoppe has provided consistent outstanding service to
these challenging patient populations. They have
been flexible and are willing to go the extra
mile for their customers. I can only say that
without them my patients would not have the
support that they need to get supplies on time

and training
at home on

how to use their equipment.

Antonina Makosky
APRN, BC

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Name: Patricia Robegg

Institution: MASS. Gen. Hosp. - Revere Health Center

Wh: 300 Ocean Avenue • Revere, Massachusetts 02151
and

able,
diabetes:

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(299)

I do not think competitive bidding is a good idea
we have a good reprieve in neighborhood Diabetes shops &
take advantage of there outreach services, teaching, nutrition etc.

Patricia Robegg
MBH - Revere Health Center

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Name: Linda Haynes

Institution: Home Health USA

Ms. Linda Haynes
40 Tanglewood Dr
East Hampstead NH 03826

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Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

300

I am a visiting nurse + my father is diabetic.
He needed help with a glucometer and I
had difficulty teaching him. In just one visit
Neighborhood diabetes shop got him back on track.
Their service is invaluable to me.

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Name: MARY JOYCE REN MSN

Institution: HALLMARK HEALTH VISITING NURSE ASS'N

100 Hospital Road

Why impl. Malden, Massachusetts 02148 ding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes

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(301)

NEIGHBORHOOD DIABETES PROVIDES IN HOME METER TRAINING
& NAME BRAND METERS TO THEIR CLIENTS, WHICH IN THE LONG
RUN ARE LIKELY TO SAVE MONEY BECAUSE CLIENTS WITH
BETTER TRAINING ARE LIKELY TO MONITOR GLUCOSE TESTING
& FOLLOW TREATMENT GUIDELINES MORE CLOSELY, AVOIDING
EXTRA VISITS & LONG TERM COMPLICATIONS

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Name: Donna Chretien, RN, CDE

Institution: Elliot Health System, Manchester NH.

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes

(NDS)

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302

Neighborhood Diabetes Shopper provides a free service to my patients by making a home visit and instructing patients in proper use of their meter. Using the "competitive bid" method may save a few pennies, but dollars of service + care would be lost. NDS also provides free support/information groups. If my patients are not able to utilize the supplier of their choice, - as every elderly population is - confusion issues + care will suffer, patients will fall through the cracks.

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Name: Sharon Johnson RN CDE

Institution: Lakes Region General Hospital

Lakes Region General Hospital • 80 Highland Street, Laconia, NH 03246

Why implementing competitive bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

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303

Small companies offer support, assistance & extra ordinary services with brand name meters chosen specifically to the pts needs and choice.
Having low cost providers provide generic equipment, little Training & support will lead to high cost for CMS in inaccurate blood sugar results, user error dissatisfaction & product etc. ultimately poorer care & resulting higher downstream medical care (ie hospitalizations etc). Please do NOT further kick our chronically ill public with so called "cost saving" like this!!

Written comments must be received by June 30th, not just postmarked!

Name: _____

Institution: _____

Why implement it
and why it is advi

RCAM

425 Union Street,
Executive Office Center,
West Springfield, MA 01089
Attn: Mila Dubinchik

supplies is inadvisable,
Neighborhood Diabetes:

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Baltimore, MD 21244-8013

We started to work with Neigh-
bors Diabetes Team from Boston but they
did not keep any promises to Russian
community. all past clients came
back to their original providers like CVS.
This program did not work for us at all

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Name: Kathleen Murray RN
Institution: MCH Charlestown Health Care Center

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(305)

I am writing this letter against Competitive Billing for diabetes supplies. We have worked very closely with the Neighborhood Diabetes Team. They have provided our patients with in home meter training, on time delivery service and patients can call with questions and receive prompt, accurate answers. I feel competitive billing will put a small company with excellent service out of business.
Kathleen Murray RN

Written comments must be received by June 30th, not just postmarked.

Name: S Shustack

Institution: Greater New Bedford Community Health Center

Greater New Bedford
Community Health Center, Inc.

874 Purchase Street
New Bedford, MA 02740-6232

Competitive Bidding for diabetes supplies is inadvisable,
to protect small companies like Neighborhood Diabetes

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306

This particular company knows the community.
Speaks Portuguese which is important in our area
& provides support & problem solving for me
& my clients - Dealing with nationwide companies
has been difficult at times - They will at times
send a letter not useable for a particular client.
It is difficult to get problems solved. Also,
preserving small businesses helps the local economy.

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Name: JOSEPH KEREZ

Institution: _____

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307

*Some good companies at this time may lose out in
the bidding process. Neighborhood Diabetes provide very good service
to diabetic patients. It also may lead to higher costs and
less good service.*

Joseph Kerez

16 Stuart Pl

Westfield, MA 01085

Joseph Kerez

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Name: Foritta Baudreau

Institution: Mary Immaculate Apartment
LAUREL, MA

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
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308

I am very grateful to "Neighborhood Diabetes" for the wonderful service it provides for me. I would probably have to go without testing my blood sugar because strips and lancets are not only expensive but also because I have no means of transportation. Please, CMS, continue allowing "Neighborhood Diabetes" to serve me and others with their very helpful service.

Written comments must be received by June 30th, not just postmarked!

Name: Keri Morrison LPN

Institution: Parviana Physician Services
Salem, NH

Why implementing Competitive Bidding for diabetes supplies is inadvisable,
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The company with the "winning" bid may not
be the best. This seems like a way of "privatizing"
DME supplies. In the setting it seems as though
big business may win out, thus putting smaller,
local based companies out of business. Patients should
have the write to ^{either} ~~to~~ choose a company, not have
the decision made for them.

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Name:

DAVID BARON MD

Institution:

CAMBRIDGE HEALTH ALLIANCE

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Why implementing Competitive Bidding for diabetes supplies is inadvisable,
and why it is advisable to protect small companies like Neighborhood Diabetes:

310
Neighborhood Diabetes has been
an outstanding source of reliable full service
care to partner with my practice in caring for
my diabetic patients. I am writing because
I am deeply concerned with opening this service
to competitive bidding process which would
likely erode this excellent service. Please protect
N.D.S. to allow to function unchanged.

Written comments must be received by June 30th, not just postmarked!

David W. Baron MD

311-0
(12)

**Tri State Hand and
Occupational Therapy, Inc.**

P. O. Box 1517 ■ Cumberland, MD 21501-1517

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

This letter is response to your proposed rule on Competitive Bidding System for Certain Durable Medical Equipment including Prefabricated Orthoses (splints).

Therapists are unique from other suppliers of DMEPOS. They work as a provider and a supplier. As a therapist, they commonly treat very acute patients, and the need to be able to immediately dispense and adjust an orthosis is crucial to the final outcome of the patients care. This regulation, as stated above, could significantly interfere with the therapist ability to address these changes, putting repairs and patients at risk.

Delays in the supply of an orthosis will interfere with clinical reasoning and patient treatment. There are many times when a therapist must respond immediately to changing conditions in a patient's medical condition and/or recovery from that condition. It is critical that the therapist must be able to respond to that need immediately.

A patient's needs are thoroughly evaluated by a therapist to determine the appropriate orthosis for beneficiary use. A specific brand may be the only one that will appropriately meet the needs of a patient. Should this rule be enforced as written, suppliers will not be required to bid on all brands of a certain orthosis. There is no guarantee that a beneficiary will be able to find a specific orthosis in their area which is potentially limiting their access to an important orthosis.

I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,



Name Mary L. MacDonald

Address P.O. Box 71

City Barton State MD Zip Code 21501-0071

311-1

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Name Alison Woolashi
Address 1005 Brown Ave
City Cumberland State MD Zip Code 21502

(311-2)

June 27, 2006

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Attention: CMS-1270-P
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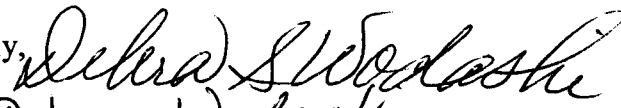
Therapists are unique from other suppliers of DMEPOS. They work as a provider and a supplier. As a therapist, they commonly treat very acute patients, and the need to be able to immediately dispense and adjust an orthosis is crucial to the final outcome of the patients care. This regulation, as stated above, could significantly interfere with the therapist ability to address these changes, putting repairs and patients at risk.

Delays in the supply of an orthosis will interfere with clinical reasoning and patient treatment. There are many times when a therapist must respond immediately to changing conditions in a patient's medical condition and/or recovery from that condition. It is critical that the therapist must be able to respond to that need immediately.

A patient's needs are thoroughly evaluated by a therapist to determine the appropriate orthosis for beneficiary use. A specific brand may be the only one that will appropriately meet the needs of a patient. Should this rule be enforced as written, suppliers will not be required to bid on all brands of a certain orthosis. There is no guarantee that a beneficiary will be able to find a specific orthosis in their area which is potentially limiting their access to an important orthosis.

I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,


Name Debra Wodaski
Address 1005 Brown Ave
City Cumberland State MD Zip Code 21502

311-3

June 27, 2006

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Department of Health and Human Services
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This letter is response to your proposed rule on Competitive Bidding System for Certain Durable Medical Equipment including Prefabricated Orthoses (splints).

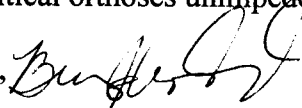
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Delays in the supply of an orthosis will interfere with clinical reasoning and patient treatment. There are many times when a therapist must respond immediately to changing conditions in a patient's medical condition and/or recovery from that condition. It is critical that the therapist must be able to respond to that need immediately.

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,


Name Bryan Wodaski
Address 1005 Brown Ave
City Camby State MD Zip Code 21502

311-4

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

This letter is response to your proposed rule on Competitive Bidding System for Certain Durable Medical Equipment including Prefabricated Orthoses (splints).

Therapists are unique from other suppliers of DMEPOS. They work as a provider and a supplier. As a therapist, they commonly treat very acute patients, and the need to be able to immediately dispense and adjust an orthosis is crucial to the final outcome of the patients care. This regulation, as stated above, could significantly interfere with the therapist ability to address these changes, putting repairs and patients at risk.

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Name Donna Hally
Address Rt 1 Box 136 AA
City Ridgely State WV Zip Code 26753

(311-5)

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Michelle Stottlemeyer COTA/K
Name Michelle Stottlemeyer
Address 115 S Allegany St
City Cumberland State Md Zip Code 21502

311-6

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Name Pam Stagg
Address Rt 2 Box 139-A
City Keyser State WV Zip Code 26726

311-7

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

This letter is response to your proposed rule on Competitive Bidding System for Certain Durable Medical Equipment including Prefabricated Orthoses (splints).

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Laura Fuller COTA/L
Name Laura Fuller
Address 428 Fayette St
City Cumberland State MD Zip Code 21502

(311-8)

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

This letter is response to your proposed rule on Competitive Bidding System for Certain Durable Medical Equipment including Prefabricated Orthoses (splints).

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Name

Francine Sartelovich
Francine Sartelovich

Address

844 Buckingham Rd
City: Cumberland State: Md Zip Code: 21502

311-9

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely, Kenton Sitch

Name Kenton Sitch
Address 1200 Mifflin St.
City Saxton State PA Zip Code 16678

311-10

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Name

Thomas M. Howard

Address

8 N. Loxdale St

City

Lanvale

State

MD

Zip Code

21502

311-11

June 27, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Proposed Rule for Competitive Acquisition of Certain DMEPOS CMS-1270-P

To Whom It May Concern:

This letter is response to your proposed rule on Competitive Bidding System for Certain Durable Medical Equipment including Prefabricated Orthoses (splints).

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I request that Medicare revise the proposed regulation to allow therapists to continue to supply critical orthoses unimpeded by a competitive bidding process.

Sincerely,

Name Kim Weddek
Address 1005 Brown Ave
City Cumberland State MD Zip Code 21502

312

Date: June 28, 2006

Organization: DME

Category: Medical Equipment

Issue: Participation/Accreditation requirements

Thank you for the opportunity to submit comments on the proposed regulations for a competitive bidding program.

I object to the proposal that would require beneficiaries to use designated providers. This would limit their access to certain items as most suppliers do not provide all services to beneficiaries.

Any small supplier willing to accept the payment amount determined by CMS should be allowed to join the program.

I am opposed to additional accreditation requirements for small DME companies. These accreditation requirements are expensive and are not easily absorbed into the budget for small DME companies. Each supplier should be expected to meet medicare standards, which could be revised if necessary.

Thank you.


Neil Grice

Pharmacotherapy Center

#4865940001

Martinez, GA

(I was unable to email to work)

313

Date: June 27, 2006

Organization: Independent Pharmacy

Category: Pharmacist

Issue: Participation/Accreditation requirements

Thank you for the opportunity to submit comments on the proposed regulations for a competitive bidding program.

I object to the proposal that would require beneficiaries to use designated providers. This would limit their access to certain items and may compromise patient outcomes.

Any small supplier willing to accept the payment amount determined by CMS should be allowed to join the program.

I am opposed to additional accreditation requirements for small independent pharmacies. These accreditation requirements are expensive and are not easily absorbed into the budget for small independent pharmacies. Each supplier should be expected to meet medicare standards, which could be revised if necessary.

Thank you.

Neil Grice

Neil Grice, RPH
Martinez Apothecary
#4966780001

(I was unable to get email to work) (m)



314

213 Third Street • Macon, GA 31201 • Post Office Box 63 • Macon, GA 31202-0063 • (478) 621-2100 • Fax (478) 743-0954

June 22, 2006

Department of Health & Human Services
Attention: CMS-1270-P
PO Box 8013
Baltimore, MD 21244-8013

Re: Competitive Acquisition Program for Certain Durable Medical Equipment,
Prosthetics, Orthotics and Supplies

To Whom It May Concern:

We would like to express our concerns regarding Competitive Bidding in skilled nursing facilities. Suppliers of enteral nutrition products, urological, ostomy and surgical dressings to skilled nursing facility patients are highly specialized. The potential for a facility to lose their choice of a preferred supplier or the ability to provide the products on their own has the potential of putting the patient's health & safety at risk.

The acuity levels and care plans of skilled nursing facility residents are much more complex than patients cared for at home. The disruption to the patient's access to quality products and services as a result of Competitive Bidding has the potential to increase the overall cost of care in skilled nursing facilities.

Based on the data that we have reviewed from previous demonstration projects in which it was determined that it was best to concentrate on non-institutional settings, we feel very strongly that skilled nursing facilities should be excluded from competitive bidding in order to ensure that our patients continue to have access to quality enteral nutrition, ostomy, urological and surgical dressing supplies.

We appreciate your time and consideration of our concerns regarding this important issue.

Sincerely,

Kim Herron
Director of Resource Management

June 26, 2006

Centers for Medicare & Medicaid Services
Dept. of Health & Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

315

R.E. CMS-1270-P

Dear Sir or Madam:

I have a few comments on the proposed regulation to implement a competitive bidding program for DMEPOS.

My Pharmacies are located in small rural towns. Any proposal that would require beneficiaries to get their DMEPOS supplies such as diabetic testing supplies by "mail order" would be serious problem for my patients. Many of my patients are older and often don't realize they are low or out of their diabetic supplies. If they had to wait for a "Mail order" provider to get them to them, they would run out. What savings you realized from competitive bidding could be lost on increased Dr and hospital charges that could result from the patient not receiving their supplies on time.

The competitive bidding program should not include common DMEPOS supplies such as diabetic testing supplies

The CMS must take steps to preserve beneficiaries easy access to DMEPOS supplies and to maintain established provider/patient relationships.

Small suppliers should be allowed to designate a smaller market area in which to provide DMEPOS. Small suppliers can't compete in large metropolitan areas.

Please revise your regulations in a manner that would allow small Pharmacies to compete in the rural areas and continue the excellent service they have been providing their patients.

Thank you.

John C Herda Reg Ph

Valley Drug Co
P.O. Box 107
Chewelah, WA 99109

Kettle Falls Pharmacy
P.O. Box 435
Kettle Falls, WA 99141

316

Stefanie Schultz Doyle, BS, OT/L
Visiting Nurse Association of Maryland
7008 Security Boulevard
Baltimore, Maryland 21244
410-594-2600

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention CMS-1270-P-Mail Stop C4-26-05
Baltimore, Maryland 21244-1850

June 29, 2006

RE: 1270P – Regulatory Impact Analysis-Effect on Beneficiaries

To Whom It May Concern:

I am writing in response to the recent decision by Medicare to place durable medical equipment up for 'competitive bid' for delivery and payment to the consumer. I am a practicing occupational therapist with more than twenty five years experience in my field. I have worked with adults with all types of medical diagnoses who require durable medical equipment. By the time anyone requires adaptive equipment they are physically compromised to the degree that skilled intervention is required. It is my opinion that this decision will be much more costly to Medicare and grossly injurious to the consumer.

I evaluate clients for power mobility devices on a somewhat regular basis as a course of my employment. It is not uncommon for my clients to have pressure wounds severe enough to require prolonged nursing intervention to heal sacral, thigh, calf, or heel wounds that have been caused by significant pressure due to ill fitting wheelchairs. Clients who require power mobility devices require them because they lack the ability to reposition themselves and are physically compromised by the course of their disease, injury or illness. In addition to evaluating clients for power mobility devices the clients also need teaching on how to use them after they are delivered. The primary caregiver also requires teaching on use and management of the device. They require teaching for proper seating and positioning to prevent pressure wounds, provide repositioning and seating safety.

I have seen the results of clients who have received power mobility devices from commercial vendors who do not have the skill to evaluate postural control, strength and daily needs of the client. These results are much more costly to Medicare because of the degree of medical care required by the client as a direct result of ill fitted wheelchairs.

For example:

- A 54 year old woman with Multiple Sclerosis had been placed in a power wheelchair that was too large for her. As a result she used one arm to 'hang' onto to side of the chair. She would slide forward causing undue pressure on her sacrum and upper back which caused severe pressure wounds. As a result she required a specialty hospital bed, wound vac, prolonged home nursing for wound care, a home health aide because the family was overwhelmed with all the additional medical tasks, and a second power mobility device correctly fitted to her physical needs to prevent more injury.
- A 68 year old man with severe rheumatoid and osteoarthritis who was hoisted transferred out of bed daily by his wife into his power chair. His hands, torso and cervical spine were severely weakened and deformed by arthritis. He received a power device from a television advertisement. This device had no seat belt or head support. He had not been assessed to determine his physical needs further than asking his weight and height. No consideration regarding his torso stability, hand control for the joy stick, floor to seat height for leg/foot supports had been assessed. During a routine ride on a mobility bus to a medical appointment he slid down in the chair and was unable to recover his posture. As a result he suffered an anoxic event that required a five day hospitalization with follow up home care nursing, nursing aide, physical and occupational therapy. He also required a second and appropriate power mobility device. He is now able to get out of bed daily and use his new wheelchair for activities of daily living. He can now attend to medical appointments without fearing hospitalization as a result of the ride.

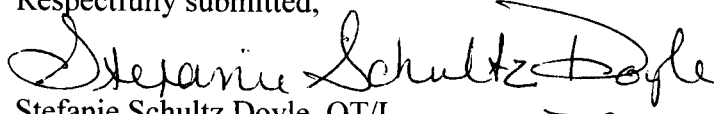
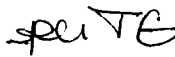
These are just two examples of clients who receive ill fitting, expensive wheelchairs that were much more costly in the long run. They were costly to Medicare because of more hospitalizations and additional medical services needed; however, they were most costly to the client and their families due to increased debility from unnecessary medical ailments caused by 'competitive bid' vendors. These clients usually require more skilled intervention after they have received equipment from non skilled agencies.

In addition to power mobility devices, clients who have purchased or received all types of durable medical equipment from commercial vendors have been seen for injury caused by various types of injury. Clients who purchase manual wheelchairs from pharmacies frequently receive incorrect chairs which cause pressure wounds or increase debility.

Clients who receive tub benches are more likely to suffer falls in the bathroom due to lack of education with transfer techniques, safety education, and placement technique of the seat. This is also true for clients who lack grab bars and use towel bars for transfer assistance. Clients also need teaching for safe placement, use, and transfers for bedside commodes.

The frail and ill clients that I serve need teaching and good skilled intervention in order for them to continue to live at home and avoid nursing home placement. If these clients were not able to get the education needed in evaluating and providing such medical equipment they would not be able to live independently at home. I urge you to consider long term ramifications of competitive bid vending for durable medical equipment for Medicare recipients.

Respectfully submitted,


Stefanie Schultz Doyle, OT/L


317

June 27, 2006

To: Centers for Medicare and Medicaid Services

From: Theresa Mandela RN BSN CWCN
VNA Home Health of Maryland
7008 Security Blvd.
Baltimore, Maryland 21244

Re: CMS-1270-P – Regulatory Impact Analysis – Effect on Beneficiaries
Medicare Program; Competitive Acquisition for Certain Durable Medical
Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues

Please accept this letter as a response to Medicare's proposed Competitive Bidding for durable medical equipment (DME) providers. As a registered nurse specializing in wound care, I am concerned that by restricting the number of DME providers, many of my patients will no longer have access to appropriate services and equipment. CMS has stated that as many as 50% of small local DME providers will no longer be in business once competitive bidding is initiated.

For over twenty four years I have been providing nursing care to the elderly population of Maryland. Patients with pressure ulcers are frail and medically compromised. They require specialized equipment such as low air loss mattresses, specialty gel cushions and unique seating and positioning wheelchair systems to heal and prevent further bedsores.

Small local providers specializing in wound care and rehabilitation equipment offer a higher level of service, accountability and expertise than large chain "superstore" DME providers. As business members of the community they service, these small DME providers live and work around their patients.

Large chain DME providers (who will be the likely recipients of competitive bidding awards) often do not have the skill and proficiency required to assess, select, fit, and deliver the most appropriate medical equipment for the patient. Additionally they lack the know-how to properly train caregivers. Of great concern is the large chain DME providers unwillingness to timely deliver and set up equipment in crime-ridden sections of Baltimore and the rural areas of St. Mary's county. This lack of capabilities translates into poor patient outcomes and increased cost to the Medicare program.

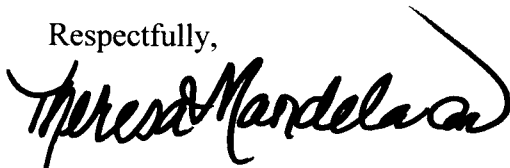
Examples include:

1. A patient being discharged to home on a Thursday afternoon requires a low air loss mattress, hospital bed and pressure-relieving seat cushion. The large chain DME -provider upon hearing where the patient lives quickly changes their delivery date from Thursday evening to Monday morning. The patient must go home Thursday afternoon. The patient requires a bed and mattress upon arrival to the home to prevent a fall, to have proper positioning and to prevent the wound from deteriorating quickly. It is important to note that the large chain DME is not refusing to deliver to the patient's neighborhood; they are refusing to deliver timely thereby creating the potential for injury and decline. As a visiting nurse, I then arranged the mattress, bed and cushion for delivery within four hours from the local wound-focused DME provider.
2. A patient in the home has had a stroke and requires a wheelchair. The patient is a frail 86 year old female under five feet and weighing 90 pounds. She is now leaning severely to the left creating the potential for choking, joint contracture and pressure ulcers. A call is placed to a large regional DME supplier for the wheelchair and a pressure relieving cushion. The large supplier delivers a standard wheelchair and cushion. The delivery driver obtains a signature from the elderly caregiver but refuses to take the wheelchair up to the third floor of the un-airconditioned row house and leaves it in the first floor living room. The visiting nurse takes the wheelchair and cushion upstairs to the patient the next day, but then realizes that the regional DME supplier has delivered a "standard" wheelchair that would be suitable for an adult male. The wheelchair is too wide, too tall and has no adaptation to the arm and chair back to prevent the patient from falling out of the chair since she leans left. A call by the nurse to the local mobility specialty company (considered a DME provider by definition who would likely not survive competitive bidding) results in an on-site assessment by a rehabilitation technology specialist. The patient required a smaller manual wheelchair, smaller cushion, "build up" of the chair's left arm and a tilt chairback feature. Unfortunately the regional DME supplier had already billed Medicare for the improper chair, and getting the proper equipment for the patient was delayed. The patient started to lose the ability to self propel during this three week period since her feet could not touch the floor in the original wheelchair.

The wound care patients I care for require specialized assessments for their durable medical equipment. This level of service is available from many small local providers who focus their skills and product line in a particular area such as wound care, rehabilitation equipment, mobility, and bathroom safety. Patients who receive the most appropriate equipment and caregiver training by these dedicated DME suppliers avoid re-hospitalization and nursing home placement.

Please consider my request to revise Competitive Bidding for DME suppliers for Medicare recipients to include and allow for these local companies with skilled expertise.

Respectfully,

A handwritten signature in black ink, reading "Theresa Mandela". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Theresa Mandela, RN BSN CWCN
VNA Home Health of Maryland